

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

MICHAEL WOODCOCK,  
Plaintiff,

v.

JO ANNE B. BARNHART,  
Commissioner of Social Security,  
Defendant.

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:  
: CIVIL ACTION  
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: NO. 06-0254  
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**Memorandum and Order**

YOHN, J.

October \_\_, 2006

Plaintiff Michael Woodcock appeals the final decision of the Commissioner of Social Security (“the Commissioner”) denying his claim for disability insurance benefits (“DIB”) under Title II of the Social Security Act (“the Act”), 42 U.S.C. §§ 401-433. Woodcock and the Commissioner have filed cross motions for summary judgment. I referred the motions to Magistrate Judge Linda K. Caracappa, who submitted a report and recommendation that I grant the Commissioner’s motion and affirm the Commissioner’s decision. For the following reasons, this court will adopt the magistrate judge’s report and recommendation, will grant the Commissioner’s motion for summary judgment, and will deny Woodcock’s motion for summary judgment.

**I. Factual History**

Woodcock, born on July 16, 1958, was forty-two years old at the time of the time of his first hearing before an Administrative Law Judge (“ALJ”). (R. 31.) He is married and has one

child, a daughter. (*Id.* at 31-32). Woodcock completed high school (*id.* at 34), and has past relevant work history as a stock clerk, and a heating and air conditioning installer/service-helper (*id.* at 63). However, he has not worked since 1992. (*Id.* at 35, 62, 192.) Woodcock has also never served in the military. (*Id.* at 34.)

In November of 1990, while employed at Giant Food Markets, Woodcock injured his right knee from a fall. (*Id.* at 115.) The injury required arthroscopic surgery. (*Id.*) Woodcock injured his right knee again from another fall after returning to work in October of 1992. (*Id.*) This second injury also required Woodcock to undergo arthroscopic surgery in February of 1993. (*Id.*)

Philip A. Adelman, M.D., a neurologist, treated Woodcock from October of 1993 to January of 1994 for numbness in his right leg and decreased strength to isolated muscle groups in his lower extremity. (R. 106-07.) Dr. Adelman found that Woodcock possessed excellent strength and sensation in his lower leg. (*Id.* at 107.) Dr. Adelman also noted that any neurologic component of Woodcock's condition "is really quite normal." (*Id.*) Alexander Sapega, M.D., an orthopedic surgeon, also examined Woodcock in 1993. (*Id.* at 439.) Dr. Sapega found that although Woodcock could not return to his former occupation, he could perform work that did not require kneeling, squatting, and frequently lifting over fifty pounds. (*Id.* at 442.)

On November 9, 1994, Mark Brown, M.D., administered an electromyography (EMG) on Woodcock. (R. 239.) Shawn J. Bird, M.D., reviewed the results of this EMG on December 5, 1994, and found that the EMG findings were mild. (*Id.*) Dr. Bird reported that the EMG did not provide a neurological explanation for Woodcock's alleged weakness or pain. (*Id.*) Further, Dr. Bird reported that Woodcock's "neurological prognosis is excellent." (*Id.*)

From February of 1994 to December of 1997, Woodcock received treatment from Satish K. Batta, M.D., at the Brandywine Valley Pain Control Center (“Pain Center”). (R. 136-40.) Dr. Batta found that Woodcock possessed a normal range of motion in both legs and feet. (*Id.* at 140.) Dr. Batta’s report states that although Woodcock has knee pains, he is “over-reacting to his pain and he has a drug-seeking behavior.” (*Id.*) In a letter dated February 25, 1994, Dr. Batta also opined that Woodcock could perform “sedentary work or a desk type of work... almost immediately” without “any time period to recuperate.” (*Id.* at 136.)

Srinivasa Raja, M.D., treated Woodcock on February 21, 1995. (R. 142-43.) Dr. Raja reported that Woodcock was in no apparent distress, and was able to walk on his toes and tolerate flexion and extension extremities in the normal range. (*Id.* at 143.) Dr. Raja also reported that Woodcock’s knee pain was of unknown etiology. (*Id.*) Dr. Raja recommended inpatient treatment for pain at Johns Hopkins University Hospital (“Johns Hopkins”). (*Id.*)

Another physician at the Pain Center, Sheng K. Lin, M.D., treated Woodcock from 1994 to 1997. (R. 119, 122.) Although Dr. Lin advised Woodcock to seek treatment for detoxification and behavior modification at Johns Hopkins, Woodcock adamantly refused. (*Id.* at 147-48.) In reaction to Woodcock’s refusal to accept treatment for detoxification, Dr. Lin refused to prescribe MS Cotin, Prozac, and Vistaril. (*Id.* at 147.) Reports from the Pain Center indicate that when Woodcock was informed of Dr. Lin’s decision to no longer provide the prescriptions, Woodcock became hostile and responded that “he had other ways of getting his medicine.” (*Id.* at 147.) Woodcock finally agreed to receive treatment for detoxification on April 28, 1995. (*Id.* at 145.) However, Woodcock continued repeatedly to contact Dr. Lin attempting to acquire a prescription for MS Cotin. (*Id.* at 145, 355.) Each time, Woodcock was informed that any

prescription had to be acquired from his new doctor. (*Id.*) On one of these occasions, Woodcock reportedly stated that he was “buying drugs on the street.” (*Id.* at 355.)

In November of 1996, Dr. Lin informed Woodcock that an orthopedic surgeon needed to evaluate him before his next appointment. (R. 345.) Woodcock refused and reportedly stated that no one would cut off his medication until his knee was fixed and that he did not want surgery. (*Id.*) A report dated January 24, 1997, from the Pain Center indicates that a doctor recommended that Woodcock’s Prozac prescription should be limited. (*Id.* at 344.) In April of 1997, Woodcock reportedly stated that he failed to attend three scheduled functional capacity evaluations due to taking a large amount of drugs. (*Id.* at 343.) In July of 1997, Dr. Lin sent a letter to Johns Hopkins indicating that Woodcock would be scheduling an appointment for treatment. (*Id.* at 339.) On October 23, 1997, Woodcock’s records were faxed to Johns Hopkins. (*Id.* at 336.) Thereafter, Dr. Lin informed Woodcock that no more prescriptions would be provided until Woodcock showed proof of scheduling an appointment at Johns Hopkins. (*Id.* at 335.) Woodcock reportedly responded with profanity and refused to schedule an appointment. (*Id.*)

Karl Rosenfeld, M.D., an orthopedic surgeon, examined Woodcock on April 3, 1996. (R. 243.) During the examination, “when asked if he could navigate a sit-down job at this time [Woodcock] stated he thought he could.” (*Id.* at 245.) Dr. Rosenfeld’s report states that Woodcock’s examination was normal and that Woodcock’s only significant physical limitation was his inability to fully squat. (*Id.* at 525.) Dr. Rosenfeld opined that Woodcock could work in produce or stock, and felt “confident that he could work from waist level” so long as repetitive bending or squatting was not required. (*Id.*) Dr. Rosenfeld also opined that Woodcock could sit

for eight hours, stand for two hours, and walk for three hours in an eight-hour workday. (*Id.*) In addition, Dr. Rosenfeld's report indicates that he believed Woodcock could continuously lift and carry ten pounds, and frequently lift and carry twenty pounds. (*Id.*) Dr. Rosenfeld did not believe Woodcock was addicted to drugs or suffered from significant pain syndrome. (*Id.*)

Christopher J. Lyons, M.D., examined Woodcock in 1996 and 1998. (R. 263, 268.) On December 12, 1996, Dr. Lyons examined Woodcock's right leg and reported good muscle strength and range of motion. (*Id.* at 265.) Dr. Lyons opined that Woodcock could perform sedentary work. (*Id.*) His report states that Woodcock should undergo an aggressive drug rehabilitation program to stop taking MS Cotin and learn other techniques for controlling his knee pain. (*Id.*) Dr. Lyons again recommended Woodcock undergo a drug rehabilitation program on October 12, 1998. (*Id.* at 263.)

Woodcock completed a functional capacity assessment at the Novacare Outpatient Rehabilitation Center on April 29, 1997. (R. 288.) Karen Kime-Smoyer, a licensed physical therapist, reported that Woodcock could sit for four hours, stand for three hours, and walk for four hours. (*Id.* at 286-87.) Kime-Soyer also opined that Woodcock could work five to six-hour workdays, and occasionally perform a partial squat. (*Id.*) A day after his capacity assessment, Woodcock received treatment from J.B. Stephenson, M.D., the treating physician at Brandywine Hospital, for abdominal pain and a low grade fever. (*Id.* at 402.) Dr. Stephenson's report states that the Pain Service believed Woodcock's "major problem was narcotic abuse." (*Id.* at 403.)

John R. Duda, M.D., an orthopedic surgeon, examined Woodcock on April 27, 1998 (R. 257-59), and reported that Woodcock "is recovered from his work injuries and subsequent surgeries," and "has a stable knee without evidence of ongoing pathology (*id.* at 259)." Further,

Dr. Duda reported that he could not physiologically explain the multiple inconsistencies found in Woodcock's physical exam. (*Id.*) Dr. Duda concluded that Woodcock's "work injury has been treated successfully," and saw "no reason why [Woodcock] could not be gainfully employed on a full-time basis without restriction with respect to that injury." (*Id.*) Nevertheless, Woodcock completed a disability report for DIB on March 12, 1999 (*id.* at 190), in which he admitted to being addicted to morphine and taking the drug three times per day (*id.* at 191, 212).

At his first hearing before the ALJ on May 31, 2000 (R. 24-67), Woodcock testified that he has to keep his legs elevated and take medication to relieve the pain in his legs (*id.* at 48). Woodcock testified that he takes pain-killers and sleeping pills, but they do not completely eliminate the pain. (*Id.*) Woodcock also testified that his knee pain, which he described as a burning sensation that "throbs from time to time" (*id.* at 37), worsens during the winter (*id.* at 36). Further, Woodcock stated that he experiences loss of control caused by numbness in the lower left foot. (*Id.*) Due to the pain, Woodcock asserted that he can only walk one block before he has to stop. (*Id.* at 47.) As a result of his injuries, Woodcock stated that he pursues no hobbies, does not assist in chores, has limited parental interaction with his seven-year old daughter, and has difficulty concentrating. (*Id.* at 48-50.) Woodcock also testified that he suffers from depression which has caused strain on his relationships with family members. (*Id.* at 46.) Further, Woodcock testified that his depression causes him to have panic attacks. (*Id.*) He also stated that because of his depression he does not leave his house and cannot associate with anyone. (*Id.*)

Woodcock's wife, Susan Woodcock, testified at the hearing the hearing held on May 31, 2000. (R. 55-61.) Woodcock's wife testified that she pays all of the bills (*id.* at 55-56) and earns

a total of \$28,000 per year working as a bookkeeper at an auto parts store and part-time as a waitress at a diner (*id.*). She also testified that Woodcock would go to the mall and movie theater before his injury (*id.* at 59), but now spends most of his day watching television and reading (*id.* at 56). Further, Woodcock's wife testified that Woodcock only assists her by vacuuming for five minutes, and he has very little interaction with his daughter. (*Id.* at 58.) According to the testimony of Woodcock's wife, Woodcock sleeps restlessly and overtly expresses his pain. (*Id.* at 55-56.)

A vocational expert, Paul Anderson, also testified at the hearing on May 31, 2000. (R. 61-65.) The vocational expert testified that given the claimant's age, education and work experience, coupled with a residual functional capacity for sedentary employment (no squatting or operation of foot controls), Woodcock could not return to his past relevant work. (*Id.* at 63.) However, the vocational expert found that Woodcock could work as a machine tender, surveillance system monitor, and order clerk. (*Id.* at 63.) The vocational expert further testified that if Woodcock were considered "incapable not only of detailed complex tasks, but of routine repetitive tasks [secondary to a severe impairment]," he would be precluded from competitive employment. (*Id.* at 64.) The vocational expert also concluded that Woodcock could not perform any employment if he had "a capacity for routine repetitive tasks cognitively, but he's incapable of sitting, standing, walking, lifting, carrying for an eight-hour day, secondary to physical impairments." (*Id.*) Lastly, the vocational expert testified that he believed Woodcock would not be precluded from obtaining employment if he had to lie down for less than a half an hour once in an eight-hour workday to relieve his pain. However, Woodcock would be considered precluded from employment if he required a longer rest period. (*Id.*)

## **II. Procedural History**

Woodcock filed his first application for DIB on January 24, 1995, which the Commissioner denied initially and upon reconsideration. (R. 68-75.) On March 16, 1999, Woodcock reapplied alleging disability from October 12, 1992, due to pain in his knee, mental stress, and depression. (*Id.* at 150-51, 161-63.) Following another denial both initially and upon reconsideration, Woodcock filed a request for a hearing. An ALJ held a hearing on May 31, 2000. (*Id.* at 24-67, 150-59.)

On September 27, 2000, the ALJ issued his decision denying Woodcock DIB. (R. 11-23.) The ALJ concluded that although Woodcock was disabled, his substance addiction was a contributing factor material to the disability determination, thereby rendering Woodcock ineligible for DIB. (*Id.*) The Appeals Council denied Woodcock's request for review on May 17, 2001. (*Id.* at 6-7.) On June 22, 2001, Woodcock filed suit in this court, and both parties thereafter filed cross motion for summary judgment. This court then assigned Woodcock's case to a magistrate judge for a report and recommendation.

The magistrate judge concluded that the ALJ's decision was supported by substantial evidence and, therefore, she recommended that this court deny Woodcock's motion for summary judgment and grant that of the Commissioner. Woodcock filed objections to the magistrate judge's report. After hearing oral argument on March 31, 2003, I remanded the case to the ALJ for clarification on two issues. (R. 544-58.) First, I directed the ALJ to specifically elucidate the reasons he concluded that Woodcock's knee impairment and substance addiction, which were severe, were not severe enough to meet or equal one of the listed impairments at Step Three.



(*Id.*) Second, this court asked for a further explanation of the ALJ's evaluation of Woodcock's claim of depression. (*Id.*)

Another hearing was held before a second ALJ on April 13, 2004. (R. 615-66.) Woodcock, his wife, a vocational expert, and a medical expert testified at the hearing. (*Id.*) On September 13, 2004, the ALJ issued a decision denying Woodcock DIB. The ALJ found, among other things, that: (1) Woodcock's "ability to engage in work related activities is severely impaired secondary to functional limitations resulting from a drug dependency disorder and chronic pain syndrome involving the right knee;" (2) Woodcock's "right knee impairment does not meet or equal any of the orthopaedic impairments listed in Appendix 1, Subpart P, of Regulations No. 4;" (3) at all relevant times Woodcock's right knee impairment limited him to sedentary work involving repetitive tasks; and (4) at all relevant times Woodcock's drug dependency precluded him from sustaining any form of competitive employment. (*Id.* at 472-73.) He further reviewed the evidence with reference to Woodcock's claim of depression and found no depression disorder that would interfere with his ability to work. (*Id.*) Finally, the ALJ concluded that because Woodcock "does not have any other disabling impairment, [Woodcock's] drug dependency disorder is a contributing factor material to the issue of [Woodcock's] disability which precluded entitlement to [DIB]." (*Id.* at 473.) The ALJ's decision that Woodcock "was not under a disability as defined in [the Act] at any [relevant] time" became final when the Appeals Council did not assume jurisdiction of this matter. (*Id.* at 460-63.) Thereafter, Woodcock appealed the decision to this court. Both parties then filed motions for summary judgment.

Woodcock's case was assigned to Magistrate Judge Linda K. Caracappa. The magistrate

judge found that the ALJ had complied with this court's order issued on April 24, 2003. On July 31, 2006, the magistrate judge issued a report and recommendation that summary judgment be granted in favor of the Commissioner. (Rep. & Recom. 1, July 31, 2006.) Woodcock filed objections to the report and recommendation on August 21, 2006. For the following reasons, I will adopt the report and recommendation of the magistrate judge, grant the Commissioner's motion for summary judgment, and deny Woodcock's motion for summary judgment.

### **III. Legal Standards**

I review *de novo* the parts of the magistrate judge's report to which Woodcock objects. 28 U.S.C. § 636(b)(1)(C). I may accept, reject, or modify, in whole or in part, the magistrate's findings or recommendations. *Id.*

In contrast, a district court may not review the Commissioner's decision *de novo*. The court may only review the Commissioner's final decision to determine "whether that decision is supported by substantial evidence." *Hartranft v. Apfel*, 181 F.3d 358, 360 (3d Cir. 1999) (citing 42 U.S.C. § 405(g)). "[S]ubstantial evidence is more than a mere scintilla." *Universal Camera Corp. v. NLRB*, 340 U.S. 474, 477 (1951) (internal quotation omitted). "Substantial evidence 'does not mean a large or considerable amount of evidence, but rather such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.'" *Hartranft*, 181 F.3d at 360 (quoting *Pierce v. Underwood*, 487 U.S. 552, 565 (1988)). In making this determination, the court must consider "the evidentiary record as a whole, not just the evidence that is consistent with the agency's finding." *Monsour Med. Ctr. v. Heckler*, 806 F.2d 1185, 1190 (3d Cir. 1986). The substantial evidence test is "deferential." *Id.* Consequently, the court "will not set the

Commissioner's decision aside if it is supported by substantial evidence, even if [it] would have decided the factual inquiry differently.” *Hartranft*, 181 F.3d at 360.

Before a district court can review the record to determine if the Commissioner's final decision is supported by substantial evidence, the Commissioner must provide an explanation for his findings in order to allow for meaningful judicial review. In *Burnett v. Comm'r of Soc. Sec.*, 220 F.3d 112, 119 (3d Cir. 1981), the Third Circuit held that an ALJ must “set forth the reasons for his decision.” *Burnett*, 220 F.3d at 119 (citing *Cotter v. Harris*, 642 F.2d 700, 704-05 (3d Cir. 1981)). The ALJ in *Burnett* erred by stating a conclusion “without identifying the relevant listed impairments, discussing the evidence, or explaining his reasoning. *Burnett*, 220 F.3d at 119-120. The Third Circuit in *Burnett* found that, without such information, the “ALJ's conclusory statement... is beyond meaningful judicial review.” *Id.* at 119. Without the ability to meaningfully review the ALJ's conclusion on this issue, the Third Circuit was compelled to “vacate and remand the case for a discussion of the evidence and an explanation of the reasoning supporting the determination that [plaintiff]'s severe impairment does not meet or is not equivalent to a listed impairment.” *Id.* at 120.

#### **IV. Discussion**

In response to the report and recommendation, Woodcock raises two objections. First, he argues that the ALJ erred in finding that Woodcock's knee impairment did not meet or equal a listing of impairments without providing a full explanation. (Obj.'s to Rep. & Recom. 2-3, Aug. 21, 2006.) Second, Woodcock argues that the ALJ failed to adequately address the evidence of a psychological impairment and chronic pain. (*Id.* at 3-5.) Because the ALJ adequately developed

the record and explained his findings with regard to Woodcock's knee impairment to permit meaningful review (R. 471-72), Woodcock's first objection must be rejected. Likewise, Woodcock's second objection must be rejected because the ALJ followed this court's direction on remand by sufficiently explaining his finding that Woodcock's depression did not qualify as a mental impairment. (*Id.*) Finally, because the ALJ's decisions with regard to Woodcock's knee impairment and depression are supported by substantial evidence found in the record, this court will grant the Commissioner's motion for summary judgment and deny Woodcock's motion.

#### **A. Woodcock's Knee Impairment Does not Match or Equal a Listed Impairment**

On remand, this court directed the ALJ to provide an explanation for his findings in order to allow meaningful judicial review, thereby complying with the Third Circuit's mandate in *Burnett v. Commissioner of Social Security*, 220 F.3d 112, 119 (3d Cir. 1981). In *Burnett* the Third Circuit held that an ALJ must "set forth the reasons for his decision." *Burnett*, 220 F.3d at 119 (citing *Cotter v. Harris*, 642 F.2d 700, 704-05 (3d Cir. 1981)). The court found that the ALJ in *Burnett* erred by stating a conclusion "without identifying the relevant listed impairments, discussing the evidence, or explaining his reasoning." *Burnett*, 220 F.3d at 119-120. Here, the ALJ adequately explained his decision as to why Woodcock's knee impairment does not match or equal that of a listed impairment. Because the ALJ provided reasons for his decision so as to allow meaningful review, Woodcock's objection must be overruled.

The ALJ provided reasons for finding that Woodcock's right knee impairment does not meet or equal a listed impairment. (R. 472.) The ALJ evaluated Woodcock's impairment under Listings 1.02 (major dysfunctions of a joint(s) due to any cause) and 1.03 (reconstructive surgery

or surgical arthrodesis of a major weight-bearing joint) of 20 C.F.R. Subpart P, Appendix 2, but found “no evidence to support the degree of extreme functional loss which is required.” (*Id.*) The ALJ supported his conclusions with Woodcock’s medical history and the fact that Woodcock “has only minimal findings on physical examination and his ongoing complaints of knee pain remain of uncertain etiology.” (*Id.*). The ALJ noted that “[s]ome examining physicians have raised the issue of malingering, while others have found no objective evidence to preclude a return to gainful employment.” (*Id.*) Lastly, the ALJ’s decision states that “[i]n any event, the claimant has good range of motion of the right knee without signs of instability and is able to ambulate effectively within the meaning of these listed impairments.” (*Id.*) Therefore, because the ALJ provided sufficient reasons for concluding that Woodcock’s impairment does not match or equal a listed impairment, Woodcock’s objections to the report and recommendation are overruled.

Further, after examining the evidentiary record as a whole, this court finds that the ALJ’s conclusion is supported by “substantial evidence.” *See Hartranft v. Apfel*, 181 F.3d 358, 360 (3d Cir. 1999) (citing 42 U.S.C. § 405(g)). Dr. Karl Rosenfeld, an orthopedic surgeon, examined Woodcock on April 3, 1996. (R. 242.) Dr. Rosenfeld’s report indicates that Woodcock had “full range of motion of his knee without crepitus or complaint,” and that he walked around normally. (*Id.* at 246.) The report also states that Woodcock’s “exam was normal” and that “[t]here were no significant physical findings other than his inability to do a full squat.” (*Id.* at 247.) Dr. Rosenfeld opined that Woodcock could perform sedentary work, and was “at a loss to explain why the patient feels he is disabled.” (*Id.* at 252.) Dr. Satish Batta, who examined Woodcock from February of 1994 to December of 1997, also opined that Woodcock could perform

sedentary work. (*Id.* at 136.) One of Dr. Batta's reports states that Woodcock's "motor strength was normal." (*Id.* at 140.) In addition, the record shows that Dr. Christopher Lyons examined Woodcock in December of 1996. (R. 265-67.) Dr. Lyons' report states that Woodcock "has a good range of motion and reasonable muscle strength." (*Id.* at 265.) Further, Woodcock underwent a functional physical assessment at the NovaCare Outpatient Rehabilitation Center on April 29, 1997. (*Id.* at 286.) The assessment indicates that Woodcock can sit for four hours, stand for three hours, and walk for four hours. (*Id.* at 286.) Further, the record shows that even though several physicians have examined Woodcock, his complaints of pain remain of uncertain etiology. (*Id.* at 138, 140, 143, 276, 280, 313.)

The record also contains substantial evidence, in the form of medical reports, that supports the ALJ's findings that Woodcock's "ability to engage in work related activities is severely impaired secondary to functional limitations resulting from a drug dependency disorder (R. 472)," and that Woodcock's drug dependency precluded him from sustaining any form of competitive employment (*id.* at 138, 139, 143, 263, 265, 280, 472-73). Based on these reasons, the ALJ properly concluded that because Woodcock "does not have any other disabling impairment, [Woodcock's] drug dependency disorder is a contributing factor material to the issue of [Woodcock's] disability which precluded entitlement to [DIB]." (*Id.* at 473.) Therefore, because the ALJ's decision that Woodcock's impairment does not match or equal a listed impairment is supported by substantial evidence, this court will not set that decision aside.

#### **B. Woodcock's Depression Does not Qualify as a Mental Impairment**

In his objection to the magistrate judge's report and recommendation, Woodcock asserts

that the ALJ failed to explain the reasons for concluding that Woodcock's depression did not qualify as a mental impairment under the Act. (Obj.'s to Rep. & Recom. 3-5.) This court disagrees with Woodcock's assertion and finds that the ALJ did properly articulate the reasons for his determination. (R. 471-72.) First, the ALJ noted that the record lacked evidence of any treatment by a mental healthcare physician from the alleged onset date of disability, October 12, 1992, through the date Woodcock last met the disability insured status requirements of the Act, December 31, 1997. (*Id.* at 471.) Next, the ALJ supported his finding with the report of Dr. James Stephenson. (*Id.* at 365-73, 451.) Dr. Stephenson, who examined Woodcock for his complaints of depression from April of 1997 to April of 1999, did not consider Woodcock's "reported symptoms to be so severe as to require a referral to a mental health care professional." (*Id.*) The ALJ's decision indicates that in fact, "Dr. Stephenson reports [Woodcock's] mental exam to be within normal limits and opines that claimant has fair to good ability to function [in] social and occupational settings." (*Id.* at 471.)

Contrary to Woodcock's objection (Obj.'s to Rep. & Recom. 4), the ALJ properly evaluated Woodcock's history of several prescriptions of Prozac (R. 472). The ALJ noted that this evidence did not call into question his finding because Woodcock's record of treatment "do[es] not show any signs of a depressive disorder." (*Id.* at 473) Rather, the medical records indicate that the prescription of Prozac was to control Woodcock's "irritability and for its useful effects in treating patients who suffer from chronic pain." (*Id.* at 472.) Moreover, the ALJ relied on a report from a state agency psychological consultant who "concluded that [Woodcock] did not have any mental impairment (apart from his drug dependency disorder) which would interfere with his activities of daily living, his social functioning, or his ability to maintain

concentration, persistence or pace.” (*Id.*) Because the ALJ properly provided the reasons for his conclusion that Woodcock’s depression did not qualify as a mental impairment, I will overrule Woodcock’s objection. Further, as shown above, this court finds that the ALJ’s conclusion is supported by substantial evidence from the record.

## **V. Conclusion**

For the aforementioned reasons, I will overrule Woodcock’s objections to the magistrate judge’s report and recommendation. Further, because the record contains substantial evidence in support of the ALJ’s conclusions, I will grant the Commissioner’s motion for summary judgment and will deny Woodcock’s motion for summary judgment.

An appropriate order follows.



**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

MICHAEL WOODCOCK,  
Plaintiff,

v.

JO ANNE B. BARNHART,  
Commissioner of Social Security,  
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**Order**

YOHN, J.

October \_\_, 2006

And now, this \_\_\_\_ day of October 2006, upon careful consideration and review of the parties' cross-motions for summary judgment (Doc. No.'s 7 & 8), the Report and Recommendation of United States Magistrate Judge Linda K. Caracappa, and plaintiff's objections thereto, it is hereby ORDERED that:

1. Plaintiff's objections are OVERRULED.
2. The Report and Recommendation of Magistrate Judge Linda K. Caracappa is APPROVED and ADOPTED.
3. The Commissioner's motion for summary judgment is GRANTED.
4. Plaintiff's motion for summary judgment is DENIED.

s/ William H. Yohn Jr.

William H. Yohn Jr., Judge